

Lakota Local Schools
Insurance rates 17-18.xls

Plan I - \$100 Deductible 2.96% Increase
Frontpath - OME-RESA/EBMC
Single **\$908.93** **Effective 7/1/17**

Hours Worked/Day	Emp. Amount	Bd. Amount
Teachers	433.93	475.00
7 or more	433.93	475.00
6 or more & under 7	494.93	414.00
5 or more & under 6	555.93	353.00
4 or more & under 5	647.93	261.00

Plan II - \$500 Deductible 2.96% Increase
Frontpath - OME-RESA/EBMC
Single **\$756.32** **Effective 7/1/17**

Hours Worked/Day	Emp. Share	Emp. Amount	Bd. Share	Bd. Amount
Teachers	10%	75.63	90%	680.69
7 or more	10%	75.63	90%	680.69
6 or more & under 7	20%	151.26	80%	605.06
5 or more & under 6	30%	226.90	70%	529.42
4 or more & under 5 *	50%	378.16	50%	378.16

Plan I - \$200 Deductible 2.96% Increase
Frontpath - OME-RESA/EBMC
Family **\$2,485.02** **Effective 7/1/17**

Hours Worked/Day	Emp. Amount	Bd. Amount
Teachers	1190.02	1295.00
7 or more	1190.02	1295.00
6 or more & under 7	1357.02	1128.00
5 or more & under 6	1524.02	961.00
4 or more & under 5	1775.02	710.00

Plan II - \$1000 Deductible 2.96% Increase
Frontpath - OME-RESA/EBMC
Family **\$2,067.67** **Effective 7/1/17**

Hours Worked/Day	Emp. Share	Emp. Amount	Bd. Share	Bd. Amount
Teachers	10%	206.77	90%	1860.90
7 or more	10%	206.77	90%	1860.90
6 or more & under 7	20%	413.53	80%	1654.14
5 or more & under 6	30%	620.30	70%	1447.37
4 or more & under 5	50%	1033.84	50%	1033.84

Plan II - \$500 Deductible with 70/30 Coinsurance
For employees that do NOT meet wellness requirements

EBMC
Dental **\$77.50** **Effective 7/1/17**

Hours Worked/Day	Emp. Share	Emp. Amount	Bd. Share	Bd. Amount
Teachers	10%	7.75	90%	69.75
7 or more	10%	7.75	90%	69.75
6 or more & under 7	20%	15.50	80%	62.00
5 or more & under 6	30%	23.25	70%	54.25
4 or more & under 5	50%	38.75	50%	38.75

Frontpath - OME-RESA/EBMC 2.96% Increase
Single **\$756.32** **Effective 7/1/17**

Hours Worked/Day	Emp. Share	Emp. Amount	Bd. Share	Bd. Amount
Teachers	15%	113.45	85%	642.87
7 or more	15%	113.45	85%	642.87
6 or more & under 7	25%	189.08	75%	567.24
5 or more & under 6	35%	264.71	65%	491.61
4 or more & under 5	55%	415.98	45%	340.34

Plan II - \$1000 Deductible with 70/30 Coinsurance
For employees that do NOT meet wellness requirements

Dearborn National Life
\$20,000 Policy **\$2.40** **Effective 7/1/15**

Hours Worked/Day	Emp. Share	Emp. Amount	Bd. Share	Bd. Amount
Teachers			100%	2.40
7 or more	10%	0.24	90%	2.16
6 or more & under 7	20%	0.48	80%	1.92
5 or more & under 6	30%	0.72	70%	1.68
4 or more & under 5	50%	1.20	50%	1.20

Frontpath - OME-RESA/EBMC 2.96% Increase
Family **\$2,067.67** **Effective 7/1/17**

Hours Worked/Day	Emp. Share	Emp. Amount	Bd. Share	Bd. Amount
Teachers	15%	310.15	85%	1757.52
7 or more	15%	310.15	85%	1757.52
6 or more & under 7	25%	516.92	75%	1550.75
5 or more & under 6	35%	723.68	65%	1343.99
4 or more & under 5	55%	1137.22	45%	930.45

EYEMED **#586**
Vision **100% Paid by All Employees** **Effective 3/1/14**

	Single Employee	\$ 6.43
	Employee & Spouse	\$ 12.20
	Employee & Child	\$ 12.20
	Employee & Children	\$ 17.88
	Employee & Family	\$ 17.88

*Percentages not exact due to rounding.